

Universal Health Care and Homelessness

The central focus of the National Health Care for the Homeless Council's mission is to end homelessness by bringing about comprehensive health care reform and ensuring the universal accessibility of essential health services.

Summary of Recommendations

- **Guarantee access to comprehensive, high quality, affordable health services for all Americans** through a national system of universal insurance with a “single payer” financing mechanism. Enact House Resolution 676 to this end. Support State initiatives to ensure universal health coverage.
- **Declare the universal right to health care in the Constitution of the United States.** Enact House Joint Resolution 30 to this end.
- **Ratify the International Covenant on Economic, Social and Cultural Rights (ICESCR).** Pronounce unequivocally our national commitment to human rights both at home and abroad, as it has been previously expressed through the United States’ endorsement of this document and the Universal Declaration of Human Rights.

Poor health and lack of access to health care are among the causes of homelessness. For people struggling to pay for rent, food, and other needs of daily living, the onset of a serious illness or disability can easily result in homelessness as financial resources are quickly depleted. Half of personal bankruptcies can be contributed to an unexpected medical illness, and more than three fourths of those filing were actually insured at time of their emergency or the onset of their illness.¹ Timely access to quality, affordable health care would ostensibly alleviate health problems and reduce the incidence of homelessness.

The number of uninsured Americans continues to grow due to rising health care costs. According to the Institute of Medicine, about two-thirds of Americans under the age of 65 have health insurance either through their own jobs or that of a parent or spouse (Institute of Medicine, 2004). To close the gap, incremental expansions of public insurance programs target vulnerable populations, such as the elderly and children. Despite these initiatives, the number of uninsured Americans has increased from 41.2 million in FY 2001 to 44.8million– or 15.3% of the population– in FY 2005.² A study by Families USA found that 81.8 million Americans – one third of the U.S. population younger than 65 – were uninsured at some point during 2002 and 2003, most for periods longer than nine months.³ More than 80% of the uninsured live in working families; however, employers are not required to provide health insurance. Among those served by Health Care for the Homeless (HCH) projects, 73% are uninsured. Most remain uninsured, often because they cannot afford non-group coverage or do not qualify for public insurance programs. Just 7% of Americans under the age of 65 purchase health coverage for themselves or their families.⁴ Despite myriad efforts to patch the current health care framework in the United States – including the valuable yet insufficient expansion of the Community Health Center and HCH programs – the uninsured population has steadily increased by approximately one million individuals per year since 2000.

The absence of a universal health care system increases costs for every American. Out-of-pocket expenses deter people – particularly the poor and the uninsured – from seeking early intervention and preventive services. Emergency room care is thus overused and in many cases uncompensated. Unpaid bills cripple the credit of the uninsured patient and pressure

Woolhandler et al., “Illness And Injury As Contributors to Bankruptcy.” *Health Affairs: The Policy Journal of the Health Sphere*. Feb. 2005.

² DeNavas-Walt, Carmen, Proctor, Bernadette D. and Lee, Cheryl Hill. “Income, Poverty, and Health Insurance Coverage in the United States: 2005.” *US Census Bureau (Department of Commerce)*. Aug 2006.

³ “One in Three: Non-Elderly Americans Without Health Insurance, 2002-2003.” *Families USA*. June 2004.

⁴ Insuring America’s Health – Principles and Recommendations.” *Institute of Medicine*. 2004.

medical institutions to raise prices to replace the lost revenue. In response to these rising costs, insurers in turn increase premiums or scale back benefits, pricing many people out of the market and leaving others with inadequate coverage. As it is not concretely defined, the breadth of “underinsurance” is unclear; however, it is estimated that 16 million people are underinsured, meaning their health coverage does not adequately protect them from catastrophic health care expenses. Underinsured Americans are almost as likely as the uninsured to not receive necessary services and have difficulty paying for medical care. According to a Commonwealth Fund survey, 54 percent of the underinsured report going without needed care and 46 percent report being contacted by a collection agency for medical bills.⁵

Health care should cost less and provide more. The United States pays twice as much as other industrialized nations for health care (\$6,830 per capita in FY 2006) but performs poorly in comparison on major health indicators such as life expectancy, infant mortality and immunization rates.⁶ (Indeed, the World Health Organization ranks the U.S. 37th in health outcomes.) The rapid growth of our health spending (about twice the rate of inflation) is untenable, unproductive, and unnecessary. Investor profits and excess administration consume resources that could instead be directed toward the actual delivery of care. For every dollar spent on health care, thirty cents is utilized for administration. Additionally, US tax-financed health spending – 59.8% of taxes – is the highest in the world. Approximately, one-third of these tax dollars is spent on private insurers to cover government employees; meanwhile, uninsured Americans pay thousands of dollars in taxes to fund the health care of others.⁷ Comprehensive national health insurance with a single payer financing mechanism would reduce administrative costs and waste, eliminate financial barriers to quality care, improve public health, protect the freedom of provider choice (maintaining competition), and save thousands of lives and billions of dollars each year. Congress and the Administration should act swiftly to achieve these savings and to realize the equal right of all people to comprehensive health care.

Recommendations

1. **Guarantee health coverage for all Americans.** We urge Congress to codify a right to health care by guaranteeing insurance – universally and continuously – for all medically necessary services. The most efficient way to attain this goal is through a single payer mechanism financed by a progressive tax system. Such would be realized by House Resolution 676, the Expanded and Improved Medicare for All Act. Until this goal is accomplished, we support State efforts to ensure universal health coverage for their residents and incremental efforts to expand access to health insurance for vulnerable populations.
2. **Adopt House Joint Resolution 30.** Congress has reintroduced H.J. Res. 30 proposing that the Constitution should articulate and defend the right of citizens of the United States to equal, high quality health care. We urge Congress to enact this amendment so that all persons shall enjoy the human right to health care.
3. **Ratify the International Covenant on Economic, Social and Cultural Rights.** The ICESCR and the International Covenant on Civil and Political Rights (ICCPR) were drafted by the United Nations in 1966 to codify the rights enumerated in its Universal Declaration of Human Rights (UDHR) in 1948. Member States typically endorse a treaty to signal their intent to ratify it at a later time; signing a treaty or covenant is a non-binding act of goodwill, whereas ratification is the process by which a national government agrees to be subject to the international law detailed in the document thus ratified. The United States signed both the ICESCR and the ICCPR in 1977, and the ICCPR was subsequently ratified in 1992, but there has been no progress toward the ratification of the ICESCR, which includes the right to “the highest attainable standard of physical and mental health.” The United States’ ratification of this document would advance the

⁵ Schoen et al., “Insured But Not Protected: How Many Adults Are Underinsured?” *Health Affairs: The Policy Journal of the Health Sphere*. June 2005.

⁶ “The World Health Report 2000 – Health Systems: Improving Performance.” *World Health Organization*. 2000.

⁷ Woolhandler, S & Himmelstein, D. “Paying for National Health Insurance-And Not Getting It.” *Project HOPE-The People-to-People Health Foundation, Inc.* July/Aug. 2002.

campaign for global human rights and direct the Covenant's ratifying Parties into a discussion of international health standards and concerns. We urge the Administration and Congress to proceed with the ratification of the ICESCR and the full employment of the rights specified therein.